



Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals

Executive summary

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, and is a fundamental human right. The attainment of the highest possible level of health is an important worldwide social goal demanding action across many social and economic sectors in addition to the health sector, as has been highlighted in numerous international declarations and commitments, including WHO resolutions. Health inequities within and between countries are politically, socially and economically unacceptable, and largely avoidable, and the promotion of health equity is essential for sustainable development and a better quality of life and well-being for all, which in turn can contribute to peace and security. The COVID-19 pandemic has exposed gaps and highlighted the need to promote health and well-being in response to challenges related not only to disease outbreaks, but also to the ecological, political, economic, digital and social determinants of health and health inequities, including climate change, pollution, rapid urbanization, changing lifestyles, conflict, demographic change, population displacement, poverty and widespread inequity.

Governments have a responsibility for the health of their people, which can only be fulfilled by the provision of adequate health and social measures through a whole-of-government, whole-of-society approach. Health promotion can help to meet the needs of communities and ensure that no one is left behind. Multisectoral action on the social, environmental, political and other determinants of health is essential to create inclusive, equitable, economically productive and healthy societies. Furthermore, protecting communities that are at risk from or affected by disasters and emergencies requires community engagement and participation using health promotion strategies, which can also contribute to building resilience in local communities to mitigate the impact of such events. Adapting health promotion approaches to local needs can enhance communities' health and well-being and build capacity to collaborate, communicate and confront challenges during emergency situations.

This paper proposes five priority areas for promoting health and well-being to guide the development of a regional road map and key actions for Member States, including governments, ministries, public and private sector partners, and civil society. The areas are: (1) adopting a systems approach to health promotion; (2) adopting a settings-based approach to health promotion and well-being; (3) increasing health literacy to promote health and well-being; (4) enhancing community engagement and inclusion; and (5) developing institutional capacity for health promotion. Member States are encouraged to accelerate efforts to ensure healthy lives and promote well-being throughout the life course, including through multisectoral action to create and establish healthy environments and promote healthy settings for healthy lifestyles.

National plans of action for promoting health and well-being should be developed based on national priorities, aligned with the global agenda and the forthcoming WHO framework on achieving well-being. A regional road map will be proposed by WHO to guide Member States in implementing the health and well-being promotion agenda in the Region. Moreover, WHO will provide technical support to conduct interdisciplinary research, share evidence for policy-making and develop measurement frameworks to assess progress in promoting health and well-being, building on the measurement systems for the Sustainable Development Goals.

Introduction

1. Health as defined in the constitution of the World Health Organization (WHO) is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (1). Health is a fundamental human right and the attainment of the highest possible level of health for all worldwide is an important goal requiring action across many other social and economic sectors in addition to the health sector (2).
2. Studies have identified different aspects of well-being, including physical, economic, social, developmental, mental, emotional and psychological well-being, being satisfied with life and able to pursue engaging activities, work, and the availability of and access to basic resources (3–5).
3. While both mental and physical health are crucial for well-being (6), the relationship between health and well-being is not one way; well-being also influences health. Moreover, well-being and health outcomes are correlated since well-being impacts immune system response, pain tolerance, cardiovascular health, disease prognosis and reproductive health (7,8).
4. The COVID-19 pandemic has exposed gaps and highlighted the need to promote health and well-being in response to challenges related not only to disease outbreaks, but also to the ecological, political, commercial, digital and social determinants of health and health inequities. Climate change, pollution, rapid urbanization, changing lifestyles, conflict, demographic change, population displacement, poverty and widespread inequity create risks of future crises even more severe than those experienced to date.
5. Health inequities within and between countries are unacceptable and largely avoidable, and promoting equity is essential to sustainable development and well-being for all, which in turn can contribute to peace and security (9).
6. Therefore, investing in an integrated approach to global, societal, community and individual health and well-being and supporting communities to take control over their lives and health is consistent with the 2030 Agenda for Sustainable Development (10,11).

Promoting health and well-being

7. Health promotion is the process of enabling people to increase control over and improve their health (12). Health is determined by many factors outside the domains of the health sector, including peace, economic security, safe housing and a stable ecosystem (3). Health promotion helps meet communities' needs and fulfil the aim of the 2030 Agenda for Sustainable Development that no one be left behind in terms of food, housing, health care or social services (13).
8. Health promotion activities aim at strengthening individual determinants of well-being (14). Such determinants include physical activity, diet, social relationships, resilience, mental and psychological health, lifestyle, and social, economic and environmental conditions.
9. Well-being at the national level is determined by the governance system, political and economic status, the environment, sustainability, quality of life and equality (15).
10. Health promotion activities by Member States should include all sectors, public and private, and should take a whole-of-government, whole-of-society approach. Member States should also follow the Health in All Policies (HiAP) strategy in which policy-makers ensure that health considerations are reflected in policy-making across all sectors.

The call for action

11. Multisectoral action on the social, environmental and political determinants of health, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies (2,16).

12. Member States in the Eastern Mediterranean Region need to increase their health promotion activities, particularly since the current situation in terms of climate change, pollution, rapid urbanization, conflicts, demographic change, population displacement, poverty and widespread inequity may create more risks of future crises (17).

13. However, most countries focus on health promotion in terms of disease prevention without considering a wider approach for sustained health and well-being, despite the fact that healthy societies provide the foundations upon which their members and future generations can thrive.

Previous global and regional commitments on promoting health and well-being

14. Significant progress has been made in highlighting the importance of health and well-being promotion.

- The Alma-Ata Declaration (1978) outlined that health is a human right for all, especially for vulnerable groups (2).
- The Ottawa Charter for Health Promotion (1986) and the declarations from the nine subsequent global conferences on health promotion identified that health promotion is conducted *with* people, rather than *for* people, emphasizing the importance of community empowerment, health literacy and good governance (9).
- The Adelaide Statement on Health in All Policies (2010) introduced a strategic approach that emphasizes collaboration across government sectors, so that they can all contribute to a healthy society (18).
- The Rio Political Declaration on the Social Determinants of Health (2011) identified concrete action to address health inequities and the social, environmental, economic and political determinants of health (8).
- The Sustainable Development Goals of the United Nations (SDGs) (2015) place special emphasis on enhancing prosperity and equity, ensuring healthy lives and promoting well-being at all ages as an essential element of sustainable development (10,11).
- The Astana Declaration on Primary Care (2018) emphasized the critical role of primary health care (PHC) around the world and reaffirmed that PHC should be about enhancing people's physical and mental health, as well as social well-being, rather than treating diseases or conditions alone. It refocused efforts on PHC to ensure that everyone, everywhere is able to enjoy the highest possible attainable standard of health at both population and individual levels, through scaling up health systems (19).
- WHO's vision for the Eastern Mediterranean Region, *Vision 2023* (2018), calls for solidarity and action to achieve "health for all, by all" in the Region through promoting healthier lives and well-being across all ages and advocating for HiAP, multisectoral action, community engagement, strategic partnerships and leaving no one behind (20).
- The UN Declaration on Universal Health Coverage (2019) identified the promotion of health and well-being as key components of UHC and reaffirmed that the health sector has a key role in coordinating across sectors and different governmental levels and stakeholders to promote public health (21). The Declaration expresses the resolve to progressively provide, by 2025, one billion additional people with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030 (22).

- WHO's Thirteenth General Programme of Work (GPW 13) (2019) is based on the SDG agenda. It sets out WHO's strategic direction and provides a framework to measure progress around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages. It takes an evidence-based approach to public health and recognizes that a combination of high-level political support and community engagement is needed to help achieve its vision, while also recognizing the need for proactive engagement with civil society (23).
- The Geneva Charter for Well-being (2021) was agreed at the Tenth Global Conference on Health Promotion for Well-being, Equity and Sustainable Development. The Geneva Charter builds on the Ottawa Charter for Health Promotion and the legacy of nine global conferences on health promotion. It expresses the urgent need to create sustainable "well-being societies", committed to achieving equitable health now and for future generations, without breaching ecological limits (17).

15. In January 2022, the United Arab Emirates proposed draft resolution EB150/CONF./5 on health promotion and well-being to the 150th session of the WHO Executive Board. It was accepted by the Board and in May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.19 on well-being and health promotion. The resolution encourages governments to empower communities and create enabling environments for health and well-being through a whole-of-government approach, integrating HiAP and provision of adequate health and social measures through multisectoral action supported by an enabling international environment. It also calls on the WHO Director-General to develop a framework on achieving well-being in consultation with Member States.

16. The Report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region (2021) and its recommendations on building back fairer underline the importance of health equity to ensure health and well-being for all and leaving no one behind (24).

17. WHO has long experience in community approaches to health in the Eastern Mediterranean Region, including the Regional Healthy City Network, established in 2012, which currently includes over 105 cities from 15 countries. The core concept of the Healthy Cities Programme is establishing a multisectoral platform for health and well-being through political commitment and community engagement (25).

Addressing global transformations

18. Global transformations impact the way health and well-being promotion are developed and sustained. Multiple and profound biological, social and ecological transformations – including natural disasters, disease outbreaks, urbanization, climate change, epidemiological and demographic transitions, food insecurity and widening disparities – affect most countries worldwide, challenging social stability (24).

19. These transformational challenges faced by the countries of the Region may drive new approaches to governance to improve health and well-being by placing them at the top of the political agenda and integrating HiAP.

20. Efforts towards the achievement of UHC by 2030 will involve establishing a governance system and building partnerships and coalitions to mobilize resources, influence systems and serve as a catalyst for changing policies, programmes and services. In this task, experiences and practices from countries and territories in the Region can be built on and adapted, and some of these are described below.

Promoting health and well-being in emergency situations

21. The Region was beset by multiple crises even before the COVID-19 pandemic. It is home to 43% of people who need humanitarian assistance globally and the source of 64% of the world's refugees. The Region is afflicted by conflicts ranging from acute to protracted and chronic, resulting in massive population displacement, disruption of health services and threats to health care workers (26).

22. Protecting communities that are at risk from or affected by emergencies requires enhancing their preparedness and increasing their engagement and participation, using health promotion strategies to strengthen community and civic action and improve outcomes. This can also contribute to building resilience in local communities to mitigate the impact of emergencies (27). Adapting health promotion approaches to local needs can enhance health and well-being and enhance community power to collaborate, communicate and confront challenges during emergency situations.

23. The COVID-19 pandemic has reconfirmed the need to promote health and well-being by enhancing community engagement to build equity, trust and sustained action in future health promotion preparedness strategies (28). The pandemic also highlighted the importance of implementing vaccines as part of large, systematic immunization programmes to address health inequities that exist globally.

24. The provision of sanitation, clean drinking water and vaccination are basic public health interventions that are undeniably responsible for improved health outcomes and well-being (29).

25. In the Region, only 11 countries report being able to provide their citizens with safely managed water, meaning that 75 million people remain without access to improved drinking water. Around 131 million people lack basic sanitation in countries affected by emergencies (Afghanistan, Pakistan, Somalia, Sudan and Yemen). Unfortunately, 54 million people are still practising open defecation in five countries of the Region, where effective WASH service delivery is determined not only by the state of infrastructure but also by complex institutional, governance and financial management systems (30).

26. Many studies have identified the health, economic and social benefits of vaccines that impact all age groups (31). With the exception of safe water, no other intervention has such a major effect on health and well-being as immunization and vaccination (32). There is a need to ensure the financing, provision, distribution and administration of vaccines to all populations, in particular to those in emergency situations and those who are difficult to reach (33).

27. Using different health promotion strategies and community-based actions during emergencies and among displaced populations enhances the opportunity for better outcomes, improves and sustains people-centred approaches to emergency responses, builds resilience in local communities and helps mitigate the impact of disasters and emergencies (33).

28. Studies have highlighted the importance of health literacy and effective health education to promote healthy behaviours that support infection prevention and control (29). Experience with communication in times of disaster shows that information should be adapted to literacy needs with special attention paid to the most vulnerable, such as older people, migrants, people with disabilities and other displaced people, to allow timely and appropriate action in emergency situations (34).

29. Health promotion programmes help to reduce emergency-related risk factors such as mental disorders and social isolation and prevent unnecessary risk exposure, poor health status and unhealthy living conditions while at the same time promoting protective factors such as social cohesion and access to care (35).

30. Promoting health and well-being during emergencies includes three basic strategies: advocating for addressing the factors that encourage health; promoting health equity and community engagement; and enhancing collaboration across all sectors (36).

31. Governments are responsible for promoting health and strengthening communities' preparedness, response and recovery from emergencies by enhancing their resilience and capacity in addition to providing knowledge, skills and the ability to mobilize their own resources in reducing disaster risks.

32. Health promotion is key in addressing the impacts of migration and displacement and in advocating for the diverse and unique needs of refugees and migrants through:

- adopting the HiAP approach to ensure that there are coherent, supportive policies within all sectors that promote the health of refugees and migrants;
- improving services and the physical and social environments in which refugees and migrants live;
- building local capacities and prioritizing community-centred approaches that mobilize the resources and assets within refugee and migrant communities;
- investing in health education and health literacy initiatives to develop personal skills in the host country; and
- promoting culture- and diversity-sensitive approaches to health care that are responsive to the unique needs of refugees and migrants (37).

33. The Islamic Republic of Iran was among the countries of the Region to adopt health promotion and communication approaches and train volunteers in provinces hosting Afghani refugees during the COVID-19 pandemic to identify refugee health needs and provide educational programmes for health care professionals that improved screening, diagnostic and treatment services (38).

34. In Yemen, UNHCR, the UN Refugee Agency, undertook a community engagement survey in 2020 with displaced Yemenis, refugees, asylum seekers and host community members across the country. This two-way communication facilitated an understanding of the needs of refugees and internally displaced persons and of how they want UNHCR and its partners to address those needs. It also allowed UNHCR to provide information on how to access services (39).

Challenges and barriers

35. At the global level, people are confronted with new and complex health risks due to rapid global change in the form of climate change, increasing exploitation of natural resources, pollution, emergencies and disasters, and demographic, economic and technological changes. Such situations increase both noncommunicable diseases, such as asthma, cardiovascular diseases and allergies, and pandemics and outbreaks, often caused by zoonotic diseases such as outbreaks of H5N1, H1N1, Ebola and, recently, COVID-19. Climate change will increase the areas affected by vector-borne diseases such as malaria. These challenges pose a serious threat to sustainability and well-being at different levels (40).

36. Population health and well-being is impacted by people's ability to contribute to society. Rapid digitalization and development of technology and artificial intelligence affect the need for human resources and create new functions that require reskilling and upskilling (41).

37. Another key challenge is that health promotion and well-being are often implemented by people who are not trained in these areas, such as health professionals, teachers, sport trainers and community workers. Their capacities and the impact they can have are important assets for the promotion of healthier populations and they should be provided with training.

Regional priorities for promoting health and well-being

38. The proposed priority areas are grounded in work and milestones at the global and regional levels over the past 75 years. They are based on WHO's implementation framework for Billion 3 (42) and aligned with GPW 13 (23), the SDGs (10) and Vision 2023 (20).

39. The five priority areas are as follows:

- Priority Area 1: Adopting a systems approach to health promotion;
- Priority Area 2: Adopting a settings-based approach to health promotion and well-being;
- Priority Area 3: Increasing health literacy to promote health and well-being;

- Priority Area 4: Enhancing community engagement and inclusion;
- Priority Area 5: Developing institutional capacity for health promotion.

40. These priority areas will guide the development of regional roadmaps and key actions for Member States, including government, ministries, partners from the public and private sectors, and civil society, enabling them to:

- take coordinated and coherent steps and plan for promoting health and well-being at all levels;
- enhance actions and policy development to promote health and well-being through different approaches to health promotion;
- facilitate the application of health promotion and well-being as a mindset, building capacity and developing practice to manage current and emerging health challenges;
- accelerate achieving existing WHO goals, strategies and frameworks through action on promoting health and well-being; and
- network and build partnerships at different levels considering the multifaceted nature of health and well-being promotion to achieve the WHO's vision of health for all, by all in the Eastern Mediterranean Region.

41. The regional priority areas also support and expand the impact of other WHO global action plans and their regional adaptation such as:

- The WHO Global Strategy and Action Plan on Ageing and Health (43);
- The Framework for Action to Implement the United Nations Political Declaration on Noncommunicable Diseases in the Eastern Mediterranean Region (44) and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (45);
- The WHO Global Action Plan on Antimicrobial Resistance (46); and
- The WHO Global Action Plan on Physical Activity 2018–2030 (47).

42. The regional priority areas will help to create and strengthen evidence through data collection and translate evidence-based knowledge into practice across different sectors, speaking the same language among them, integrating HiAP and highlighting the economic and social benefits for each sector and partner involved.

43. The following discussion of each priority area includes definitions, country examples from within and outside the Region and a toolbox including a set of resources for each action.

Priority Area 1: Adopting a systems approach to health promotion and well-being

44. A systems approach to health promotion provides modalities, mechanisms and platforms that ensure alignment and coordination between different sectors as part of the governance system.

45. Adopting a systems approach to health promotion and well-being can be achieved by:

- establishing multisectoral platforms for whole-of-government and whole-of-society actions while enhancing institutional and system capacity;
- collecting information and generating knowledge for effective and innovative planning; and
- involving decision-makers, researchers, communities and practitioners at all levels, both within and outside the health sector, including elected representatives, business leaders, local government officials and communities, to address health challenges from a system perspective.

46. International and regional examples of adopting a systems approach to health promotion include the following:

- The decision of the United Arab Emirates to adopt its National Strategy for Well-being 2031 (48) will introduce a systems approach to health promotion because it covers all levels within the country — national, community and individual — and considers all aspects of well-being in an integrated manner, including economic, societal, environmental, digital and health factors. It also considers settings and lifestyles. In this way the Strategy will lead the country towards the achievement of SDG 3 and UHC.
- Qatar has started reorienting its health system and integrating health promotion and well-being at the PHC level by establishing well-being clinics in some centres in each municipality to provide health promotion and well-being services including case assessment and referral.
- In Tunisia, Tunis city is implementing an urban governance project for health and well-being co-funded by the Swiss Agency for Development and Cooperation (SDC). A governance mechanism has been established at the municipal level with the participation of all sectors, including the public and private sectors, academia and other UN organizations; this mechanism will address the governance aspects needed for the implementation of a systems approach.
- In the United Kingdom, the government of Scotland developed a national health and well-being framework as a detailed plan for intersectoral action between the health and social sectors, thereby providing the structure for a systems approach (49).
- New Zealand introduced its Well-being Budget as part of its financial planning Budget 2021 (50). It takes a systems approach by emphasising the interactions between the drivers and determinants of health and well-being and considering how they jointly produce well-being outcomes.
- In Austria, 10 health targets have been set to prolong the healthy life years of all residents by 2032 (51). The design of these targets takes a systems approach by considering the influence of all sectors of society on health and well-being.

47. Member States may wish to consult the following resources:

- Member States wishing to use well-being metrics to guide their decision-making and budgetary decisions may consult an OECD Working Paper (52) which explores the linkages between well-being and economic growth and identifies how policy can effectively leverage these linkages.
- WHO provides a complete starter kit for Member States wishing to take a HiAP approach at both national and subnational levels (53).
- The United Nations provides a comprehensive description of a whole-of-government approach to all types of public service delivery (54).
- WHO provides a comprehensive description of health impact assessment and its tools and methods, which Member States can use to project the potential health effects of any policy, programme or project (55).
- Ziglio et al. outline six steps that may be followed when reorienting health systems (56).

Priority Area 2: Adopting a settings-based approach to health promotion

48. With the demographic shift towards ageing societies, rapid urbanization and changes in people's living and working patterns, health promotion aims to create enabling and conducive environments, or settings, for health and well-being. The WHO healthy settings approach defines a setting as “The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and well-being” (16). The settings approach has its roots in the WHO Health for All strategy (57) and, more specifically, in the Ottawa Charter for Health Promotion (9).

49. WHO has substantial experience of implementing the healthy settings approach in the Eastern Mediterranean Region in the form of healthy cities, healthy villages, health-promoting schools, healthy workplaces, healthy markets, healthy universities and age-friendly cities for healthy ageing.

50. Based on whole-systems thinking, the settings approach stipulates important health promotion principles and the value of partnership, integration, community participation, empowerment, and context- and knowledge-based development. Notably, healthy settings encourage people to voice their ideas, needs and preferences, and have mechanisms to assess and mediate the different interests of those whose everyday lives are affected (33).

51. It is important to ensure that people are empowered and assisted to adopt healthy lifestyles and make healthier choices, because opportunities to make healthy decisions are unequal within many countries and between countries. Partnerships built on health promotion principles create healthier products and reduce the impact of harmful choices and risk factors by means such as raising taxes on tobacco, alcohol products and unhealthy food and beverages, restricting the marketing of unhealthy foods to children in schools and decreasing smuggling of tobacco products.

52. National and regional examples of adopting a settings-based approach to health promotion include the following:

- The Eastern Mediterranean Regional Healthy City Network was established in 2012 and currently includes 105 cities from Afghanistan, Bahrain, Egypt, Jordan, the Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Qatar, Pakistan, Saudi Arabia, Sudan, Tunisia and the United Arab Emirates, which have different levels of implementation of Healthy Cities-related interventions and activities. Twenty-six cities have been designated Healthy Cities as they institutionalize healthy city criteria in the city organizational structure, have established a multisectoral platform led by the cities' authorities and ensure community engagement and participation in health and well-being at the city level (25).
- The Commission on Social Determinants of Health in the Eastern Mediterranean Region issued a detailed report on health inequities, including analysis and recommendations (58).
- The Government of the United Kingdom developed its Government Transformation Strategy to create conducive and enabling environments for health and well-being (59).

53. Member States may wish to consult the following resources:

- WHO's Global Action Plan on Physical Activity describes four strategic objectives and 20 policy actions that countries can adopt to increase physical activity among their inhabitants, providing guidance on national implementation, monitoring and reporting (47).
- The resources gathered for the participants in WHO's Regional Health City Network, guide Member States in transforming their cities (25).
- The WHO Global Strategy on Digital Health 2020–2025 describes approaches that can be taken to use digital innovations and applications to create settings that promote health and well-being (60).
- The European Commission's guidance on smart cities (61) can be followed to create urban settings that promote health and well-being through, for example, reducing air pollution, improving the water supply and upgrading waste disposal facilities.
- The Government of the state of Victoria, Australia, has provided an introduction to place-based approaches, showing how to design and implement them (62).
- WHO recommends specific interventions for the prevention and control of noncommunicable diseases to policy-makers (63,64), many of which are settings related. This guidance uses the term "best buy" to identify interventions that maximize cost-effectiveness.
- Buse et al. (65) explore options for reducing risk exposure in various settings where there is interaction between commercial interests and public health goals.
- Wright et al. (66) review studies on fiscal approaches to improving public health via settings.
- WHO provides resources related to its Decade of Action for Road Safety that can be used to create a setting that promotes choices less likely to lead to road injuries (67).

Priority Area 3: Increasing health literacy to promote health and well-being

54. Health literacy is critical for empowering people and communities to make informed health decisions regarding their lifestyles, practices and health-seeking behaviours and is founded on inclusive and equitable access to quality education and lifelong learning (68). Health literacy is an observable outcome of health education and is mediated by cultural and situational demands that are placed on people, organizations and society (36). All sources of information, including government, civil society and health providers, should enable access to trustworthy information in a form that is understandable and actionable for all people.

55. The devastating impact of the COVID-19 pandemic has shown that the choices of people and decision-makers, determined by their level of awareness and engagement, can have profound effects on populations' health and well-being. Health literacy promotion can drive and support people's rights to health and enable them to understand their own role in healthy living (69).

56. International and regional examples of interventions to increase health literacy include the following:

- In Egypt, a health literacy questionnaire was used to assess health literacy strengths and limitations among rural fishing communities, revealing a wide range of health literacy difficulties and differences between demographic groups likely to have profound negative effects on health behaviour and health outcomes (70). A second study was carried out to inform interventions in the same settings to improve health and equity. Health literacy actions were identified for government, nongovernmental organizations, fishing syndicates, fishers and their families, providing a holistic approach to promoting health literacy development for the community (71).
- The WHO Action Network on Measuring Population and Organization Health Literacy (M-POHL) involves more than 25 Member States in measuring and monitoring health literacy for the development of evidence-based health literacy policy and practice (72).
- In Australia, the 2019–2024 Health Literacy Action Plan provides a clear focus for creating a health-literate state of Tasmania. This strategic, action-focused brief sets achievable goals for health care and community providers across the state (73).
- In 2009, in the United Kingdom, the Scottish Government began developing its first plan of action to improve health literacy, followed by a second plan in 2019. The plans aim to remove barriers to health and well-being. The work is carried out by health literacy champions at workplaces and in communities (74).

57. Member States may wish to consult the following resources:

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| <ul style="list-style-type: none">• WHO has summarized the evidence base for increasing health literacy and summarized policy implications and actions (75).• The WHO Health Literacy Toolkit provides examples of how to strengthen health literacy in communities, in low resource settings and across geographically-dispersed settings (76).• Zarcadoolas et al. (77) propose a model of health literacy that includes fundamental literacy (i.e. whether people are literate in general), science literacy, civic literacy and cultural literacy.• WHO has examined the case for improving health literacy education in schools and suggests ways this can be achieved (78). |
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Priority Area 4: Enhancing community engagement and inclusion

58. Health promotion can build resilience and enhance community engagement, leading to an understanding of what within a community facilitates cooperation, networking and involvement with local organizations, projects and political activity. It can also benefit from people working in the community who can be powerful vehicles for bringing about environmental and behavioural changes that will improve the health of the community and its members (63).

59. National and regional examples of interventions to increase community engagement and inclusion can be found in the following:

- In the Eastern Mediterranean Region, WHO is implementing a health equity and social inclusion project co-funded by SDC as part of a global WHO project to promote health equity. The project is implemented by the WHO Regional Office and two WHO country offices (Morocco and Palestine).
- In Canada, the regional government of Nova Scotia recognizes that sustainable communities are crucial to the future strength and prosperity of the province and supports the development of more collaborative approaches with communities and across government that build on the combined skills, resources and commitment needed to address challenges and opportunities. The Community Development Policy is a framework to guide government support for, and engagement with, Nova Scotia communities (64).

60. Member States may wish to consult the following resources:

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| <ul style="list-style-type: none">• A definition of social mobilization signposting other resources on the topic (79).• A handbook chapter on community participation (80) in disaster relief, offering definitions, describing incentives and guiding the reader through a stakeholder analysis. |
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Priority Area 5: Developing institutional capacity for health promotion

61. Over the past 35 years, health promotion has become an acknowledged multidisciplinary field of expertise grounded in sociology, psychology, education, epidemiology, communications and marketing (81). Including health promotion as part of public health capacity-building shifts the focus from directly trying to influence the health of the population towards enabling systems and networks to promote health in a self-determined and sustainable manner.

62. The successful implementation of effective health promotion requires investment in strengthening a diverse, skilled and knowledgeable health promotion workforce through capacity-building and workforce development. Health promotion capacity-building also includes strengthening academic and institutional work on health promotion as part of public health systems and in other sectors.

63. National and regional examples of interventions to develop health promotion institutional capacity include the following:

- ProLead is a regional Health Promotion Leadership Training Programme which engages health promotion decision-makers and representatives from ministries of finance and civil society in a nine-month transformative process. ProLead module 1 training has been conducted in the Region in Doha, Qatar. Participants from five countries (Bahrain, Kuwait, Oman, Qatar and the United Arab Emirates) attended the training. Through ProLead, teams are able to demonstrate how a systems approach and organizational reforms can improve health promotion in countries (82).
- In Australia, VicHealth is a Government agency in the state of Victoria that works with experts, evidence and research in health promotion. It provides insights on capacity-building and how it can be measured as part of their health promotion activities (83).

64. Member States may wish to consult the following resources:

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| <ul style="list-style-type: none">• The Galway Consensus Statement outlines core values and gives principles, definitions and core competencies for health promotion practice within public health systems (84).• The International Union of Health Promotion and Education (IUHPE) runs a voluntary practitioner accreditation system to promote quality assurance, competence and mobility in health promotion practice, education and training (85). |
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Monitoring and assessment

65. Progress in health and well-being can be monitored in line with GPW 13 and Vision 2023 (20) monitoring frameworks. All Member States are encouraged to strengthen reporting on data related to these actions and on health promotion efforts to accelerate the outcomes relating to WHO's implementation framework for Billion 3 (healthier populations) (42) and the SDGs.

66. In terms of operationalization, Member States may use a list such as the Healthy Cities Checklist (86) to monitor their overall progress.

67. The WHO Regional Office will provide technical support to Member States through its staff and programmes to:

- formulate a conceptual and operational framework on how to present health and well-being outcomes;
- foster the interest of decision-makers in the dimensions of health and well-being;
- map instruments, indicators and practices for the measurement of health and well-being;
- integrate indicators relevant to promoting health and well-being in public health surveillance systems to measure the level of well-being and correlate it with other public health outcomes;
- propose a road map and operational framework to measure and set targets for health and well-being, including options to support Member States with various data and measurement starting points.

Recommendations

68. Member States are encouraged to adopt a systems approach to health promotion (Priority Area 1) by:

- developing good governance mechanisms and policy frameworks for health and well-being;
- institutionalizing the promotion of health and well-being as part of public health systems and beyond; and
- adapting the health and well-being promotion agenda to meet the needs of all, leaving no one behind, through multisectoral and multi-layered approaches.

69. Member States are encouraged to adopt a settings-based approach to health promotion (Priority Area 2) by:

- making choices for health and well-being accessible and acceptable, based on health promotion principles;
- implementing fiscal policies in the context of health promotion and well-being strategies to reduce the use of unhealthy products;
- developing safe and enabling digital environments that support well-being and healthy lifestyles; and
- reducing the impact of mis- and disinformation on health and well-being.

70. Member States are encouraged to enhance health literacy (Priority Area 3) by:

- developing health literacy capacity at systemic, organizational and population levels in partnership with relevant stakeholders;
- increasing health literacy and other forms of literacy (e.g. digital literacy, media literacy, financial literacy, food literacy, physical literacy) to enable people to live healthier and more sustainable lives; and
- investing in health promotion to improve the life skills and civic literacy of populations.

71. Member States are encouraged to promote community engagement and inclusion (Priority Area 4) by:

- using health promotion as a lever to promote community participation and development and build human, social and environmental capital to advance health and resilience in populations; and
- applying health promotion strategies to strengthen social inclusion for people to participate more fully in society, in particular those who are vulnerable and disadvantaged.

72. Member States are encouraged to develop institutional capacity for health promotion (Priority Area 5) by:

- reskilling and upskilling health promotion capacity as an integral part of public health systems;
- integrating the theory and practice of health promotion into school curricula and the training of teachers and health personnel; and
- developing leadership capacity and skills.

Conclusions

73. The leadership and commitment of Member States and partners is needed to commit to health promotion as a way to contribute to a vision of the world where people enjoy healthy lives and high levels of well-being in safe, healthy and supportive environments. High-level commitment is also needed to translate and transform the promotion of health and well-being into local actions that are fit for purpose whether they be taken in low-, middle- or high-income contexts. Importantly, the relevant policy responses, strategic actions and stakeholders addressing the proposed priority areas, and included in the regional road map to be developed by WHO, should be selected according to country context and tailored to meet the needs of different subnational jurisdictions and subpopulations.

74. Member States are called upon to accelerate efforts to ensure healthy lives and promote well-being throughout the life course as they work towards achieving universal health coverage by 2030. Member States will be encouraged to strengthen health promotion by creating and institutionalizing innovative mechanisms to share evidence on developing high-impact policies. National plans of action should be developed in line with the global agenda and framework on health promotion and well-being for sustainable development, benefiting from the knowledge and experiences of other specialized agencies of the United Nations system and relevant partners.

75. The priority areas are entry points for developing a regional road map and implementation framework based on the five priority areas. It is recommended that each country assess its own needs to identify gaps and opportunities to strengthen health promotion and well-being.

76. Health promotion and well-being champions and players can be identified in all sectors, including in civil society and among community leaders.

77. The role of partners will ideally be strengthened in the public as well as the private sector. Some partners are directly involved in health promotion strategies and programmes, while others are indirectly engaged in the underlying drivers of health promotion and social determinants.

78. Transformative and generational shifts can occur when all pull in the same direction. Scaling up health and well-being promotion relies on high-level leadership and commitment.

79. The Regional Committee is invited to review this paper and endorse the proposed priority areas for promoting health and well-being in the Eastern Mediterranean Region.

80. A regional road map will be proposed by WHO to guide Member States in the implementation of the health and well-being promotion agenda in the Region, which will include working with relevant sectors to promote physical and mental health and well-being, address their social and environmental

determinants and enhance social participation and well-being in settings such as cities, villages, communities, workplaces and educational facilities.

81. WHO will also provide technical support for interdisciplinary research and the development of measurement frameworks to assess progress in promoting health and well-being, building on the measurement systems for the SDGs.

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